MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06341

6350 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby - Rural X LENGTH OF STAY (in this place) Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby X
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Edwin (Last) Breeden

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Jan. 11, 1864 | 9. AGE last birthday: 90 yrs. | IF UNDER 1 YEAR Months 5 Days 22 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country): Lusby - Calvert Co - Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Breeden | 14. MOTHER'S MAIDEN NAME: Margaret Ann Evans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: No | 17. INFORMANT & ADDRESS: Mary E. Breeden - Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

156.1

Immediate cause (a) — Malnutrition

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — Ca of Liver (metastasis)

DUE TO

(c) Generalized arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 11 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ed Villanueva MD | ADDRESS S Thomas | DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 5, 1954 | NAME OF CEMETERY OR CREMATORY St. Pauls M.E. Cemetery | LOCATION (City, town, or county) Lusby - Calvert Co - Md (State)

DATE REC'D BY LOCAL REGISTRAR 7/5/54 | REGISTRAR'S SIGNATURE H. W. Ward mnb. | 24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06342

6351 CERTIFICATE OF DEATH Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Randle Cliffs X; LENGTH OF STAY (in this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN X Randle Cliffs; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Jacob (Last) Burton

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Oct 12 1881 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: Disabled | 11. BIRTHPLACE (State or foreign country): Philadelphia | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Burton | 14. MOTHER'S MAIDEN NAME: Ida Bohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 yer | (If Yes, give war or dates of service) Spanish-American | 16. SOCIAL SECURITY NO.: 216-18-5926 | 17. INFORMANT & ADDRESS: Mrs Alice Burton, Chesapeake Beach Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Diabetes

DUE TO (c)

260 X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found Dead in bed

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7.30 A.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Owings Md DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 10, 1954 | NAME OF CEMETERY OR CREMATORY Mt Harmony | LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR July 10, 1954 | REGISTRAR'S SIGNATURE Grace L. Hutchins | 24. FUNERAL DIRECTOR W. H. Hutchins | ADDRESS Owings Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06343

CERTIFICATE OF DEATH

6352

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cal County Hospital 20.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Huntingtown Md
STREET ADDRESS (If rural give location) Prince Frederick, Md

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Coates

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):
8. DATE OF BIRTH: P
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Coates SR.
14. MOTHER'S MAIDEN NAME: Amanda Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Gladys Jones. Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Hypertensive Cardio vas renal disease.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1948, to 7/22, 1954, that I last saw the deceased alive on 7/21, 1954, and that death occurred at 5:39 A, from the causes and on the date stated above.

SIGNATURE J. J. Weems (Degree or title) MD ADDRESS Huntingtown DATE SIGNED 7/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-24-54 NAME OF CEMETERY OR CREMATORY St John's LOCATION (City, town, or county) Lower Marlboro, (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-23-54 REGISTRAR'S SIGNATURE H. W. Ward M.P.

24. FUNERAL DIRECTOR P. E. Sewell. Pr. Fred, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06344

6353 CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willows
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilson (Middle) R. (Last) Fletcher

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9-1-1934

9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Fisherman Helper.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Fletcher

14. MOTHER'S MAIDEN NAME: Maggie King

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-26-3164

17. INFORMANT & ADDRESS: Maggie King. Willows, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981X

Immediate cause (a) DUE TO Gunshot wound of head

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Murder

19a. DATE OF OPERATION: 7-18-54

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Homicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Chesapeake Beach (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 7 (Day) 18 (Year) 54 (Hour) 11 P.M.

INJURY OCCURED While at Work ☐ Not While At Work X

HOW DID INJURY OCCUR? Shot

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 P.M. on the date stated above.

SIGNATURE (Degree or title) Arnold L. Mace Dr. Md ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7-22-54 | NAME OF CEMETERY OR CREMATORY Plum Point | LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-18-54 | REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, Md

RECEIVED
JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06345

6354 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willows X LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willows X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) E. (Last) Gray

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, (WIDOWED,) DIVORCED, (Specify):

8. DATE OF BIRTH: 4-3rd-1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Rawlings

14. MOTHER'S MAIDEN NAME: Mary Smith.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Alice Thomas.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Hypertensive cardiovascular renal disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1954, to 7/2, 1954, that I last saw the deceased alive on 6/28, 1954, and that death occurred at 3 AM from the causes and on the date stated above.

SIGNATURE J. H. Weems (Degree or title) Mo ADDRESS New Cayton Md DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-5-54 NAME OF CEMETERY OR CREMATORY Mt Hope LOCATION (City, town, or county) Sunderland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/3/54 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Fred, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

Film G169, Items 8 & 9 8-23-54,et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06346

6355 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH: DARES BEACH
COUNTY CALVERT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Dares Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) L (Last) HARVEY

4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6-29-1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plate printer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Harvey
14. MOTHER'S MAIDEN NAME: Minnie Heinold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-10-9610
17. INFORMANT & ADDRESS: Norma Warbis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) BRONCHOGENIC CARCINOMA O/LUNG — Interval Between Onset And Death: 8 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: ADENOCARCINOMA. BRONCHOSCOPY
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV, 1953, to JULY 5, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 1 AM, from the causes and on the date stated above.

SIGNATURE Page Jett (Degree or title) ADDRESS Prince Frederick DATE SIGNED July 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-7-54 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 7/9/54 REGISTRAR'S SIGNATURE H. W. Ward, M.D.
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS WASHINGTON D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06347

6356

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) (Last) Hicks

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12-28, 1929
9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Farm Tenant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hicks
14. MOTHER'S MAIDEN NAME: Mary Chase

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: George Hicks Huntingtown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

976X

Immediate cause (a) Gun shot wound of head
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm
(CITY OR TOWN) Ches. Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 7 (Day) 19 (Year) 54 (Hour) 6:30 A.M.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Shot self

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE R. W. Ward (Degree or title) D.M.E. ADDRESS Oxon Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-22-54 NAME OF CEMETERY OR CREMATORY Patuxent LOCATION (City, town, or county) Huntingtown, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-19-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell, Pr. Fred, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06348

CERTIFICATE OF DEATH

6357

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby X
STREET ADDRESS (If rural give location) Prince Frederick, md.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Emory (Last) Johnson
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954
5. SEX: M
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 20, 1901
9. AGE last birthday: 53 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during (most of working life, even if retired): farming.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Albert Johnson
14. MOTHER'S MAIDEN NAME: Maggie Johnson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Lula Turner,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive C. V. D.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1954 to 7/21, 19—, that I last saw the deceased alive on 7/21, 19—, and that death occurred at 11:45 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] St Leonard 7/23

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7-24-54 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) (State) Lusby, Md.
DATE REC'D BY LOCAL REGISTRAR 7-2304 | REGISTRAR'S SIGNATURE H W Ward MD
24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Frederick md

RECEIVED
JUL 28 1954
BUREAU V

Film G169, Items 9 & 8, 8-23-54, et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06349

6358 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr. Frederick X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach X
STREET ADDRESS (If rural give location) 5th + Cheaspeake

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) F (Last) Miller
4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.
8. DATE OF BIRTH: Oct 18, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Miller
14. MOTHER'S MAIDEN NAME: Rose Mary Rupp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Mary Ray - 5th + Cheaspeake North Beach MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2
Immediate cause (a) Acute nephritis — Interval Between Onset And Death 6 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — 6 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1954, to July 12, 1954, that I last saw the deceased alive on 7/12, 1954, and that death occurred at 10.50 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) H Howard ADDRESS Ocean Ave DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/16/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemt'y
LOCATION (City, town, or county) (State) Washington DC
DATE REC'D BY LOCAL REGISTRAR 7/12/54
REGISTRAR'S SIGNATURE H Howard
24. FUNERAL DIRECTOR Lees Undertaking Parlor Wash DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6359

CERTIFICATE OF DEATH

06350

Item 8 film G168A 7/30 54 cm

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Beach X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) (Last) Piere

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: September 5, 1878 78
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Cooke
14. MOTHER'S MAIDEN NAME: Parsley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: W. M. Piere - West Beach, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death 8 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 19..., to 7/24, 1954, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 9 Am from the causes and on the date stated above.
SIGNATURE H. W. Ward (Degree or title) Owing ADDRESS Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)
DATE REC'D BY LOCAL REGISTRAR 7-24-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR J. Wm Lees Son Co ADDRESS 300-4 W N.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6360

CERTIFICATE OF DEATH

06351

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Chesapeake Beach
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chesapeake Beach Md
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Lee (Last) Smith

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7-19-00

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis H. Jones

14. MOTHER'S MAIDEN NAME: Madora Gross.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 9

(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Christana Huppins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 981X DUE TO: Jugular vein of head

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO:

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hist — murder

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Unknown

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Explosion

(CITY OR TOWN): Clay Bend (COUNTY): Calvert (STATE): Md

TIME OF INJURY (Month) 7 (Day) 18 (Year) 54 (Hour) 11 P m.

INJURY OCCURED While at Work ☐ Not While At Work ☐X

HOW DID INJURY OCCUR? Hist

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. Ward D.C.

ADDRESS: Owings Md

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF: 7-21-54

NAME OF CEMETERY OR CREMATORY: St Edmonds

LOCATION (City, town, or county): Calvert (State): Md

DATE REC'D BY LOCAL REGISTRAR: 7-18-54

REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: P. E. Sewell, Pr. Fred, Md.

ADDRESS:

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JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06352

6361

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 2 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Stallings

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: July 17, 1954

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Prince Frederick, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman Stallings

14. MOTHER'S MAIDEN NAME: Helen Fowler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Norman Stallings - Barstow, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.5

Immediate cause (a) Undetermined

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954 to July 19, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Huntingtown Md 7/19/54

23. BURIAL, CREMATION, REMOVAL · (Specify) Burial

DATE THEREOF July 19, 1954

NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery

LOCATION (City, town, or county) (State) Pr. Frederick Calvert Co Md

DATE REC'D BY LOCAL REGISTRAR 7/19/54

REGISTRAR'S SIGNATURE R. W. Ward

24. FUNERAL DIRECTOR ADDRESS G. A. Hackman & Son - Mutual Md

VS. A15

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JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06353

6362 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pt Frederick, X
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivet X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) (Last) Sutton
4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1954
5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR
8. DATE OF BIRTH: March 1, 1912
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): White Hall, MD
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Joe Smith
14. MOTHER'S MAIDEN NAME: Virginia Chase
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: William Sutton - Olivet, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
688.2
Immediate cause (a) Acute Cor. pulmonale
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — Pregnancy —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 19 54, to 7/30, 19 54, that I last saw the deceased alive on 7/30, 19....., and that death occurred at 9 10 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. deVillarreal M.D St Leonard 7/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-2-54 NAME OF CEMETERY OR CREMATORY Eastern Chapel LOCATION (City, town, or county) Olivet, (State) md
DATE REC'D BY LOCAL REGISTRAR 8-2-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Fred, md

R. deVillarreal

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1954
BUREAU V. S.

Film G169, Item 8, 8-25-54, et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06354

6363

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr Frederick X
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 4741 Mc Arthur Blvd NW

3. NAME OF DECEASED: (Type or Print) (First) Olen (Middle) (Last) Wilkins

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR.

8. DATE OF BIRTH: Dec 16th 1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Oles Envelope Co

11. BIRTHPLACE (State or foreign country): Edinburg, VA

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Arthur Wilkins

14. MOTHER'S MAIDEN NAME: Mamie Santimere

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Virginia Wilkins 4741 Mc Arthur Blvd Washington DC NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo L Jett M.D. ADDRESS Junior Federals DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/27/54

NAME OF CEMETERY OR CREMATORY Cedar Wood

LOCATION (City, town, or county) (State) Edinburg, Virginia

DATE REC'D BY LOCAL REGISTRAR 7-24-54

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR S. H. Hines Co ADDRESS 2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1954
BUREAU V. S.